



With regard to cannabis, [redacted] thought it would be useful to give an overview of different aspects that needed to be considered and where they sat in terms of responsibilities and where they were positioned in the legislative process. Her concern, from a pharmacist's perspective, was to ensure an adequate governance arrangement. She provided a power point presentation (below) summarising her views:



Cannabis
overview.pptx

[redacted] stated that the governance arrangements around this had seen some movement within government in recent times and were heading towards a more settled arrangement. However, he did note that there was work to be done in the next year as the legislation was somewhat antiquated and did not have the regulatory tools in order to deal with the issues. [redacted] agreed with [redacted] but added that the gaps in legislation were even wider now that the UK had left the EU as some legislation was no longer applicable, and it would take 2 -3 years to fill these gaps. The chair thanked [redacted] for addressing a wide range of issues, and from a Council's point of view he felt that if the governance framework was causing a real issue in the management of drugs, then the Council would flag this with the Minister as it had recently done in a letter which solicited a very helpful response.

With regard to this letter the Chair reminded the Council that it was in response to the Council's concerns that too much pressure was being placed on the Jersey Cannabis Cultivation Agency and in particular the Chief Pharmacist. The Council had asked whether the Minister would review the remit and also adopt a multidisciplinary approach. The reply stated that the Minister was minded to adopting the advice of the Council subject to some amendments - see below.



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There was no time frame within the letter, but the Minister was going to bring this issue to the Medicinal Cannabis Ministerial Group on 9th October.

added that she would give an update on cannabis cultivation licences and the position of each cultivator on island at the next meeting.

then presented and audit on medicinal cannabis where she quantified the number of CBMPs prescriptions in Jersey along with the number of patients receiving CBMPs -see below.



CONDENSED CBPM
audit presentation.p

She noted that the data did not include personal importation licences. explained that personal importation numbers had reduced significantly since the introduction of clinics and dispensing pharmacies, but some individuals still, as a matter of choice, preferred to import.

The Chair also expressed concerns over the disparity in prescribing figures between individual prescribers. noted a potential future problem with regard to the advertising of medicinal products. He noted that current legislation made it difficult to prevent misleading advertising. stated that she had worked with to put together an advertising document which she would forward to . She also noted that this presentation had been shared with the responsible officers which include and .

The Chair thanked for her presentation who informed the Council that this was her last day in post, and she would be handing over to . suggested that the Council express their concerns over the data presented in the audit to ; however, reiterated the issue described earlier as to where responsibilities lay with these issues. added that it was the Council's duty to express these concerns especially given the sensitive nature of the data. Then Chair suggested, and the Council agreed, that the it should offer the Health Minister a briefing over these concerns and seek input from and the responsible officers. The Chair said he would write to and say that the Council was very impressed by and concerned over the audit and would brief the Health Minister.

B2. Medicinal Cannabis Consensus statement [redacted] presented an update from the sub-committee on medicinal cannabis who met on 28th March and 14th June. He asked the Council to provide feedback on the consensus statement (below) for the next meeting.



CBPM Guidance



ACMD



CBPM Revised

18.09 ACMD circulatSub-committee upd.Consensus Statemer

A6. AOB – [redacted] informed the Council of a UK national patient safety alert in July of high strength opioids (nitazenes) which were implicated in various deaths. Although not seen in Jersey there was a large injecting population and pockets of fentanyl use so in order to mitigate against the use of fentanyl, fentanyl test strips would be included with each injecting pack. She added that [redacted] was working on an early warning system which would alert users to potential dangers. [redacted] added that it was a red, amber, green system where a red warning would include a picture of the drug with all the information which could cause imminent death; amber would be for less dangerous situations whereby only the professionals would receive the whole information and green would be an ad hoc general information about potential drug issues.

The chair stated that due to an increased workload in the coming year he would like to step down as chair and asked the Council to think about his possible replacement.

A7. Date of next meeting. The Chair and [redacted] would look to arrange meeting for late November.

